

Diagnosis and Treatment Serologic assays (indirect fluorescent antibody, indirect immunoperoxidase, and enzyme immunoassays) are the mainstays of laboratory diagnosis. PCR amplification of *Orientia* genes from eschars is effective, but less so for blood. Patients are treated with oral doxycycline (100 mg twice daily for 7–15 days), azithromycin (500 mg for 3 days), or chloramphenicol (500 mg four times daily for 7–15 days).

Some cases of scrub typhus in Thailand are poorly responsive to doxycycline or chloramphenicol but respond to azithromycin and rifampin.

EHRlichIOSES AND ANAPLASMOSIS

Ehrlichioses are acute febrile infections caused by members of the family Anaplasmataceae, which is made up of obligately intracellular organisms of five genera: *Ehrlichia*, *Anaplasma*, *Wolbachia*, “*Candidatus* Neoehrlichia,” and *Neorickettsia*. The bacteria reside in vertebrate reservoirs and target vacuoles of hematopoietic—and, for some species, endothelial—cells (Fig. 187-4). Four *Ehrlichia* species, two *Anaplasma* species, and one *Neoehrlichia* species are transmitted by ticks to humans and cause infection that can be severe and prevalent. *E. chaffeensis*, the agent of HME, and *E. muris* subsp. *eaucloirensis* infect predominantly mononuclear phagocytes; *E. ewingii* and *A. phagocytophilum* infect neutrophils. Infections with “*Candidatus* Neoehrlichia mikurensis” and *A. capra* are less well characterized but have been reported to grow in endothelium and human erythrocytes, respectively.